

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

STATE OF NEW MEXICO, *ex rel.*
State Engineer

Plaintiff,

vs.

ROMAN ARAGON, *et al.*,

Defendants.

6:69cv07941-BB

RIO CHAMA STREAM SYSTEM
Section 7: Rito de Tierra Amarilla,

CERTIFICATE OF SERVICE

Edward G. Newville, attorney for the Plaintiff State of New Mexico, *ex rel.* State Engineer states that pursuant to Fed. R. Civ. P 4(e)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendant was served with process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to Joe R. Maestas. A copy of the Defendant's signature receipt is attached as an exhibit hereto.

<u>Defendant</u>	<u>Subfile</u>	<u>Date of Signed Receipt</u>
Joe R. Maestas	CHTA-001-0004	June 24, 2008

Dated: July 28, 2008

Respectfully submitted.

/s/ Ed Newville
EDWARD G. NEWVILLE
Special Assistant Attorney General
Office of State Engineer
P.O. Box 25102
Santa Fe, NM 87504-5102
(505) 867-7444 phone

(505) 867-2299 facsimile

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 28th day of July, 2008 I filed the foregoing electronically through the CM/ECF system which caused the parties on the electronic service list, as more fully set forth in the Notice of Electronic Filing, to be served via electronic mail, and served the following non CM/ECF participant in the manner indicated:

Via first class mail, postage prepaid addressed as follows:

Joe R. Maestas
P.O. Box 1024
Española, NM 87532

/s/ Ed Newville
EDWARD G. NEWVILLE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joe R. Maestas
P.O. Box 1024
Espanola, NM 87532

A. Signature

Joe R. Maestas

Addressee

B. Received by (Printed Name)

Joe R. Maestas

C. Date of Delivery

6-24-08

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label) *70993220000401675890*

PS Form 3811, February 2004

Domestic Return Receipt

6/24-001-0004

102595-02-M-1540

**RESTRICTED
DELIVERY**